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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

87344.1524

First Named Inventor

Ashvin D. Desai

Original Patent Number

5,443,722

Original Patent Issue Date
(Month/Day/Year)

08/22/1995

Express Mail Label No.

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribbonded Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

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State

Zip Code

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NAME (Print/Type)

Stephen S. Fabry

Registration No. (Attorney/Agent)

51,661

Signature

Stephen S. Fabry

Date

July 18, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

10/621317
07/18/03

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1

| Claims in Patent | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
|-------------------------------------|-------------------------------------|------------------|--------------|-------------------------------------|---------------------------|--------------|-----------|
| | | | Rate | Fee | Rate | Fee | |
| (A) 6 | (B) 6 | **** 0 = | x \$ _____ = | | or | x \$ _____ = | |
| (C) 4 | (D) 4 | * 0 = | x \$ _____ = | | | x \$ _____ = | |
| Total Claims (37 CFR 1.16(j)) | | | | Basic Fee (37 CFR 1.16(h)) \$ _____ | | OR | \$ 750.00 |
| Independent claims (37 CFR 1.16(i)) | | | | Total Filing Fee \$ _____ | | | \$ 750.00 |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
|-------------------------------------|--------------------------------------|--|--------------------------|--------------|-----|---------------------------|-----|
| | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** 6 | MINUS ** 6 | * = 0 | x \$ _____ = | | x \$ _____ = | |
| Independent Claims (37 CFR 1.16(i)) | *** 4 | MINUS ***** 4 | = 0 | x \$ _____ = | | x \$ _____ = | |
| Total Additional Fee | | | | \$ 0 | OR | \$ 0 | |

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-2036.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 750.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**July 17, 2003
Date
Signature of Applicant, Attorney or Agent of RecordStephen S. Fabry 51,661
Typed or printed name